

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH  
PROGRAM REVIEW: QUALITY IMPROVEMENT PROFILE**

**QI. 1            QUALITY IMPROVEMENT (QI)**

- QI.1.1            Do you have a copy of current DMH Quality Improvement Work Plan?
- QI.1.2            Does a representative from your organization/clinic attend a Service Area Quality Improvement Committee (QIC) meeting?
- QI.1.2.1          List the name of the representative who attends the Service Area QIC
- 
- QI.1.3            Does your Service Area QIC meet at least quarterly?
- QI.1.3.1          Do you maintain copies of your Service Area QIC Minutes?
- QI.1.3.2          Do you maintain these minutes for at least 3 years?
- QI.1.4            Does your organization/clinic have an in-house Quality Improvement (QI) Program?
- QI.1.4.1          Do you have a written description of your QI program?
- QI.1.4.1.1        Are the QIC's role, structure, and function operating as described in the QI program description?
- QI.1.4.2          Does your QI program include the active participation of the following stakeholders in the ongoing planning, design, and execution of the QI Program?
- QI.1.4.2.1        Practitioners/Providers?
- QI.1.4.2.2        Beneficiaries?
- QI.1.4.2.3        Family members?
- QI.1.5            Does your in-house QIC meet at least quarterly?
- QI.1.6            Are the minutes:
- QI.1.6.1          Dated?
- QI.1.6.2          Signed?
- QI.1.6.3          Reflective of QIC decisions and actions?
- QI.1.6.4          Kept for last 3 years?
- QI.1.7            Is the QIC involved in or overseeing the following QI activities:
- QI.1.7.1          Recommending clinic policy changes?
- QI.1.7.2          Reviewing and evaluating the results of QI activities?
- QI.1.7.3          Instituting needed QI actions?
- QI.1.7.4          Ensuring follow-up of QI processes?
- QI.1.8            Does the QIC evaluate the effectiveness of the QI activities at least annually?

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH  
PROGRAM REVIEW: QUALITY IMPROVEMENT PROFILE**

- QI.1.8.1 Does the QIC show how QI activities have contributed to improvement in clinical care and beneficiary services?
- QI.1.8.2 Does the QIC monitor previously identified issues, including tracking of issues over time?
- QI.1.9** Does the QIC include monitoring activities in the following areas:
- QI.1.9.1 Monitoring the **accessibility of services** as evidenced by:
- QI.1.9.1.1 Timeliness of routine mental health appointment.
- QI.1.9.1.2 Timeliness of services for urgent conditions.
- QI.1.9.2 Monitoring **beneficiary satisfaction** as evidenced by:
- QI.1.9.2.1 Annual survey of beneficiary satisfaction.
- QI.1.9.2.2 Annual evaluation of beneficiary grievances and fair hearing.
- QI.1.9.2.3 Annual review of request for changing persons providing services.
- QI.1.9.2.5 Indication that the beneficiary has access to written information in their primary language.
- QI.1.9.3 Monitoring the organization/clinic **service delivery system** as evidenced by:
- QI.1.9.3.1 Relevant clinical issues, including the safety and effectiveness of medication practices, are identified.
- QI.1.9.3.2 The interventions implemented when occurrences of potential poor care are identified.
- QI.1.10 Is there an identified plan to evaluate the linguistic proficiency and training of staff and interpreters?
- QI.1.11 Has the organization/clinic developed plans in the following areas to facilitate the ease with which culturally diverse populations can obtain services:
- QI.1.11.1 Hours of operation, or other relevant areas?
- QI.1.11.2 Adapting physical facilities to be comfortable and inviting?
- QI.2 UTILIZATION REVIEW**
- QI.2.1 Does your organization/clinics have a written description of your UR process?
- QI.2.2 Does your Utilization Review (UR) Committee conduct clinical chart reviews of at least 10% of the caseload for the your agency on an annual basis?
- QI.2.2.1 Is the review based on a random selection of charts?
- QI.2.2.2 Does the UR committee use the Chart Review Tool?



COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH  
PROGRAM REVIEW: QUALITY IMPROVEMENT PROFILE

NOTE: The review excludes Day Treatment Intensive; Day Rehabilitation, and Therapeutic Behavioral Services (TBS) charts, since these services are authorized through a centralized authorization process.

- QI.2.3 Do you ensure that all charts are reviewed annually, either by:
  - QI.2.3.1 the individual providing the service; or
  - QI.2.3.2 the UR Committee (this will depend on the size of the agency).
  - QI.2.3.3 Does the annual review coincide with the Coordination Cycle date?
  - QI.2.3.4 Are charts reviewed using the Chart Review Tool?
- QI.2.4 How does your organization/clinic communicate the results of the chart reviews to clinicians and managers?
- QI.2.5 Does your organization/clinic provide internal documentation training?
- QI.2.6 What trends have been identified through chart review?
- QI.2.7 What quality improvements have been instituted based on chart review findings?